

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-476)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL IND.	9					
TOTAL DEF.	14					
TOTAL	23					

	IND.	DEF.	IND.	DEF.	IND.	DEF.
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